

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
SUPPLEMENTARY REPORT OF BIRTH  
COUNTY REGISTRAR'S NO. 2/

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. 2/

Place of Birth St. Johns County Apache No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

SEX OF CHILD\* Female Twin Triplet or other? \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth 3rd

DATE OF BIRTH\* February 21 1921  
(Month) (Day) (Year)

FULL NAME David Nelson FATHER

FULL MAIDEN NAME Hazel Thompson MOTHER

I HEREBY CERTIFY that the child described herein has been named

Thais Olive Nelson  
(Give name in full) (Surname)

Hazel Nelson  
(Parent's Signature)

(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.  
10M 11-41 A.P.

355-221-635